






| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | Docket Number (Optional)<br>PO3320 |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
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| Application Number 10/664,837                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Filed September 17, 2003           |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| For PHACOEMULSIFICATION NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                    |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| Art Unit 3763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Examiner Thanh, Loan H.            |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 08/10/2005 CNGUYEN2 00000071 10664837</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. 01 FC:1251 120.00 OP</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0750</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,685</u><br/><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a). _____</p> <table border="0"><tr><td><br/>_____<br/>Signature<br/>Michael L. Smith<br/>_____<br/>Typed or printed name</td><td>_____<br/>August 8, 2005<br/>Date<br/>314-726-7500<br/>_____<br/>Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |                                                                              |                                    |          |  | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | <br>_____<br>Signature<br>Michael L. Smith<br>_____<br>Typed or printed name | _____<br>August 8, 2005<br>Date<br>314-726-7500<br>_____<br>Telephone Number |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Fee                                                                          | Small Entity Fee                   |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$120                                                                        | \$60                               | \$120.00 |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$450                                                                        | \$225                              | \$       |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1020                                                                       | \$510                              | \$       |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1590                                                                       | \$795                              | \$       |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$2160                                                                       | \$1080                             | \$       |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |
| <br>_____<br>Signature<br>Michael L. Smith<br>_____<br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____<br>August 8, 2005<br>Date<br>314-726-7500<br>_____<br>Telephone Number |                                    |          |  |     |                  |  |                                                                   |       |      |          |                                                         |       |       |    |                                                           |        |       |    |                                                          |        |       |    |                                                          |        |        |    |                                                                                                                                                                 |                                                                              |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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